

Case Number:	CM14-0088415		
Date Assigned:	07/23/2014	Date of Injury:	05/20/2007
Decision Date:	08/27/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female who reported an injury on 05/20/2007. The mechanism of injury was not specifically stated. Current diagnoses include lumbar spondylolisthesis, lumbar stenosis, cervical spondylosis without myelopathy, cervical stenosis, and carpal tunnel syndrome. The injured worker was evaluated on 04/23/2014 with complaints of lower back and neck pain. Previous conservative treatment includes neck injections, acupuncture, physical therapy, massage therapy, and medication management. The injured worker is currently utilizing Norco and Soma for pain control. Physical examination revealed 5/5 bilateral upper and lower extremity strength, intact sensation, and no acute distress. Treatment recommendations at that time included a C3-4 and C4-5 anterior cervical discectomy with fusion. It is noted that the injured worker underwent cervical spine x-rays on 01/29/2014, which indicated disc space narrowing at multiple levels, with no dynamic instability. The injured worker also underwent an MRI of the cervical spine on 04/08/2014, which indicated degenerative disc disease from C3-7, with foraminal encroachment on C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 C3-4/4-5 Anterior Cervical Discectomy and Fusion with Plating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 180-1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines state an anterior cervical fusion is indicated for acute traumatic spinal injury, osteomyelitis, primary or metastatic bone tumor, cervical nerve root compression, spondylotic myelopathy, or spondylotic radiculopathy. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There was no evidence of spinal instability upon flexion and extension view radiographs. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

1 Medical Clearance (through [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is not medically necessary.

Unknown Post-operative Physical Therapy Sessions (through [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is not medically necessary.